
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Father

Mother

State Of Idaho, Department Of Health And Welfare

Case No. _____

**MOTION FOR ORDER FOR GENETIC
TESTS**

(Your name) _____, requests, pursuant to Idaho Code §7-1116, that this court order the child, _____, mother, _____, and alleged father, _____, to submit to genetic tests to determine paternity; and:

1. Genetic testing be performed by an expert qualified as an examiner of genetic markers;
2. Verified documentation should establish a chain of custody of the genetic evidence;
3. A verified expert's report be prepared by a laboratory approved by the American Association of Blood Banks or other accreditation body; and
4. A written report of the genetic test results be filed with the court and be admitted into evidence without further foundation, pursuant to I.R.C.P. 6(c)(7), unless a challenge to the

testing procedures or the genetic analysis has been made twenty-one (21) days before trial.

5. The genetic test report be served upon all parties as soon as it is obtained.

6. The requesting party be ordered to pay the initial costs of testing; however, such costs should be recovered by the prevailing party.

Date: _____

Signature

CERTIFICATE OF SERVICE

I certify I served a copy to: (Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)

(Name)

☐ By Mail

(Street or Post Office Address)

☐ By fax

(City, State, and Zip Code)

☐ By personal delivery

(Name)

☐ By Mail

(Street or Post Office Address)

☐ By fax

(City, State, and Zip Code)

☐ By personal delivery

Date: _____

Signature